

REGISTRATION DISTRICT VS JAN 25 1960 **82** **Primary Registration District No. 5308** **Registrar's No. 70** **-60-000825** **STATE FILE NUMBER**

REGISTRATION DISTRICT VS JAN 25 1960

Registration District No. **82** Primary Registration District No. **5308** Registrar's No. **70** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) BLACKWATER TWP		Length of stay in 1b 1 hr	c. CITY OR TOWN K.P. Mo
c. FULL NAME OF (If NOT in hospital, give location) 14 MILES W. BOONVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11 W. 66th

3. NAME OF DECEASED (Type or print) WALTER NORUELL CURTIS III			4. DATE OF DEATH Month Jan. Day 17 Year 1960		
5. SEX MALE	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/19/48	9. AGE (last birthday) 11	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (City and state or country) COLUMBIA Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME WALTER CURTIS II		13b. MOTHER'S MAIDEN NAME ANN HINSHAW		14. NAME OF HUSBAND OR WIFE HAROLD HINSHAW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT HAROLD HINSHAW Address COLUMBIA, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH None
IMMEDIATE CAUSE (a) Brain Injury - Fractured Spine			
DUE TO (b) Violence			
DUE TO (c) Auto Wreck			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Violent blow caused by Auto Wreck
20c. TIME OF INJURY about 8:30 p.m.	Month, Day, Year 1 17 60.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Highway 40	20f. CITY, TOWN, OR LOCATION 14 miles west Booneville Casper Co Mo	COUNTY Mo	STATE
21. I attended the deceased from about 3:30 NO attended her him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Dr. Deercapn MD		22b. ADDRESS Casper Booneville Casper Co Mo	22c. DATE SIGNED 1/17/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-19-60	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) COLUMBIA Mo
24. FUNERAL DIRECTOR PARKER SERVICE	ADDRESS COLUMBIA, Mo	25. DATE RECD. BY LOCAL REG. 1/18/60	26. REGISTRAR'S SIGNATURE [Signature]

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1960

JAN 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

JW Phillips

Licensed Embalmer No. 4297

P. O. Address: Columbus, MS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.